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BRIEF TITLE APPROVAL	DEADLINE REASO	ON
ETAILS		POSITIONS/RECOMMENDATIONS
	Sponsor	T GOTTONG/REGOMMENDATIONS
	Program Departments, or Groups Affected	Finance
	Applicants/ Proponents	Applicant
		City Department
		Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals
		Basis of Opposition
	Staff Recommendations	" For " Against Reason Against
	Board or Commission Recommendation	BY " For " Against " No Action Taken " For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	" Pass " Pass (As Amended) " Council Sub. " Without Recommendation " Hold " Do not Pass

DETAILS	POLICY/PROGRAM IMPACT				
	POLICY OR PROGRAM CHANGE	" NO " YES			
	OPERATIONAL IMPACT ASSESSMENT				
	FINANCES				
	COST AND REVENUE PROJECTIONS	COST of total project: COST of this Ordinance/ Resolution	\$ \$		
		RELATED annual operating Costs	\$		
		INCREASE REVENUE EXPECTED/YEAR	\$		
	SOURCE OF FUNDS	CITY [Approximately] \$ \$ \$ \$ NON CITY [Approximately] \$ \$ \$ \$ \$ \$ \$	% % % %		
	BENEFIT COST " Front Foot " Square Foot	Averag \$ \$	e Assessment		

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FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER